

# INDIANA INSTRUCTIONS

12/31/2008

1. Foreign Insurance Companies (**excluding HMOs and Accredited Reinsurers**) are no longer required to submit a hard copy of their Annual or Quarterly Statements to Indiana. However, some state specific items are required (see checklist).
2. Pursuant to IC 27-1-3-13, annual and quarterly statements must be prepared in accordance with NAIC Annual Statement Instructions.
3. Changes to the 2007 Annual Statement as the result of correspondence with this Department, or due to the requirements of other Departments of which this Department has been notified, should be taken into consideration in preparing the 2008 Annual Statement.
4. Changes resulting from a Department Examination must be reflected in the Annual Statement.
5. Indiana stock companies must comply with Rules 11 & 12 (760 IAC 1-11 & 760 IAC 1-12) issued in 1966.
6. Statement of Condition – Section 2 - Indiana Code 27-1-18-5:  
At the time of filing its annual statement, an alien or foreign company shall submit, on a form prescribed by the department, a condensed statement of its assets and liabilities as of December 31 of the preceding year. If the department, on examination of such statement, determines from information available to it that it is true and correct, it shall cause such statement to be published in a newspaper in this state selected by the department. In the event the department determines that the statement submitted by a company is inaccurate or incorrect, it shall, after giving the company notice to the proposed changes and an opportunity to be heard, certify the corrected statement and proceed with its publication as above provided. The company shall bear the expenses of the publication, but in no event shall an amount exceeding forty dollars (\$40) be charged for such publication. Any cost of publication that exceeds forty dollars (\$40) must be borne by the newspaper publishing the statement.

## General Instructions for Companies to Use Checklist

**Please Note:** Indiana's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their checklist this year.

Electronic filing is intended to include filing via the Internet or via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.

**Column (1) Checklist:** Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) Line #:** Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) Required Filings:** Name of item or form to be filed.

- a) The Annual Statement Electronic Filing includes the annual statement data and all supplements due March 1, per the Annual Statement Instructions. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail.
- b) The March .PDF Filing is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.
- c) The Risk-Based Capital Electronic Filing includes all risk-based capital data.
- d) The Risk-Based Capital .PDF Filing is the .pdf file for risk-based capital data.
- e) The Separate Accounts Electronic Filing includes the separate accounts annual statement and investment schedule detail.
- f) The Separate Accounts .PDF Filing is the .pdf file for the separate accounts annual statement and all investment schedule detail.

- g) The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.
- h) The Supplement .PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.
- i) The Quarterly Electronic Filing includes the quarterly statement data.
- j) The Quarterly .PDF Filing is the .pdf for quarterly statement data.
- k) The June .PDF Filing is the .pdf file for the Audited Financial Statements.

**Column (4) Number of Copies:** Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 Annual Statement Instructions to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the “Number of Copies” “Foreign” column for the appropriate schedules and exhibits. . Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

**Column (5) Due Date:** Indicates the date on which the company must file the form.

**Column (6) Form Source:** This column contains one of three words: “NAIC,” “State,” or “Company,” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC Annual Statement Instructions.

**Column (7) Applicable Notes:** This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

8. Detailed filing instructions follow:

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS, <b>Excluding premium tax &amp; filing fees</b> )		
A	Required Filings Contact Person:	<a href="http://www.in.gov/idoi/2369.htm">http://www.in.gov/idoi/2369.htm</a> Deanne Bullman at 317-232-5692 or <a href="mailto:dbullman@idoi.in.gov">dbullman@idoi.in.gov</a>
B	Mailing Address (except Indiana Fee and Retaliatory Fee Statement and Premium Tax Filings):	Attn: Financial Services Indiana Department of Insurance 311 W. Washington St., Suite 300 Indianapolis, IN 46204-2787
C	Mailing Address for Indiana Fee & Retaliatory Fee Statement:	Bank Lock Box Indiana Department of Insurance Post Office Box 636 Indianapolis, IN 46206-0636 <b>All items must be mailed U.S. mail. Postal Express, Priority Mail &amp; Certified Mail is also accepted.</b> All filings must be physically <u>received</u> by the P.O. Box no later than the due date.  Debra Graves, 317-232-1993
D	Mailing Address for Premium Tax Filings & Payments: Annual due: 3/1 (title due 3/15) Quarterly due: 4/15, 6/15, 9/15, 12/15	Bank Lock Box Indiana Department of Insurance Post Office Box 577 Indianapolis, IN 46206-0577 <b>All items must be mailed U.S. mail. Postal Express, Priority Mail &amp; Certified Mail is also accepted.</b> All filings must be physically <u>received</u> by the P.O. Box no later than the due date.  Debra Graves, 317-232-1993

E	Delivery Instructions:	All filings ( <u>excluding premium tax &amp; filing fees</u> ) must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
F	Late Filings:	Annual Statement: Per IC 27-1-20-21.2, a \$500 late fee may be assessed if the Annual Statement is not received in our office on or before March 1 (postmark date accepted). Premium Tax: The penalty for non-filing is \$100 per day. The interest penalty for late filing is 1% of the payment due for each month or part of a month. (Penalty based on received date not postmark date) Audited Financial: Per IC 27-1-3.5-16, a \$50 per day fee will be assessed if the Audited Financial Statements are not received by June 1.
G	Original Signatures:	Annual Statements, Actuarial Opinions, Quarterly Statements, Risk Based Capital Report, Holding Company Registration Statements, and Trusteed Surplus Statements must have an original signature.
H	Signature / Notarization / Certification	Annual Statements, Quarterly Statements, Holding Company Registration Statements, and Trusteed Surplus Statements must have an original notarization. Statement shall be verified by the oaths of the president or a vice president and the secretary or an assistant secretary of the company, per IC 27-1-20-21.
I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. Signature requirements for the original filing should be followed for any amendment.
J	Exceptions from normal filings:	All exemptions or extensions for Actuarial Opinion and requests for Consolidated Audited Financial filing must be submitted by December 1st. Per IC 27-1-3.5-6, extensions for Audited Financials must be filed 10 days before the due date. Per IC 27-1-3.5-11 and IC 27-13-8-2(c), Notification of Adverse Financial Condition is due 5 business days after receipt of the accountant's report. All requests for exemptions or extensions, and the notification of adverse financial condition must be sent to:  Connie Ridinger Chief Examiner Indiana Department of Insurance 311 W. Washington St., Suite 300 Indianapolis, IN 46204-2787
K	Bar Codes (State or NAIC)	Please follow the Instructions in the NAIC Annual Statement Instructions.
L	NONE Filings:	File as "NA" if the form does not apply or as "NONE" if there is nothing to report.
M	Filings added, discontinued or modified materially since last year:	<u>Added Forms:</u>  <u>Discontinued Forms:</u>  <u>Modified Forms:</u>
N	Blank State Forms:	<a href="http://www.in.gov/idoi/2369.htm">http://www.in.gov/idoi/2369.htm</a> Deanne Bullman at 317-232-5692 or <a href="mailto:dbullman@idoi.in.gov">dbullman@idoi.in.gov</a>
O	Blank NAIC Forms:	<a href="http://www.naic.org/industry_filing_participation_vendors.htm">http://www.naic.org/industry_filing_participation_vendors.htm</a>
P	Annual & Quarterly Statement and Form B & C preparation only contact:	Amanda Denton (Life & Health, Fraternal, HMO & LSHMO) 317-232-1369 Dan Benefiel (P&C and Title) 317-232-5246
Q	Supplements:	Place all supplements in a 9 x 12 envelope inside the front cover of the Annual Statement. <u>DO NOT STAPLE OR GLUE ANYTHING TO THE INSIDE COVER OR JURAT PAGE OF THE ANNUAL STATEMENT.</u>
R	Exemptions/Designation	Please refer to IC 27-1-3.5-14 for exemptions or IC 27-1-3.5-8 for

		designation.
S	Mailing address for the Indiana Comprehensive Health Insurance Association Exhibit forms:  <b>Do not send to IDOI</b>  Contact for questions:	Indiana Comprehensive Health Insurance Association  Attn: Client Accounting 4550 Victory Lane P. O. Box 33730 Indianapolis, IN 46203 Phone (317) 614-2018 FAX (317) 614-2011
T	Domestic Companies:	Where 2 copies of supplements are required, <u>each statement</u> should contain the required supplements. The duplicate statement should be marked "DUPLICATE".
U	Statement of Condition:	Prepare and mail both copies of the form to the address in Note B.
V	Supplemental Report #2	Complete an additional Report #2 from the NAIC blank for POS business only.
W	RBC Exemptions	If HMO/LSHMO has less than 1) 1 million in premium or 2) 1,000 members the Company may submit a written request for exemption from RBC filing requirement by 2/1/2009.
X	CPA Qualification Letter	Item #1 on the CPA Qualification Letter should reference Indiana State Board of Accountancy in accordance with IC 27-1-3.5-12.5(1).
Y	Report of Significant Deficiencies in Internal Controls	The internal control letter is required, whether or not deficiencies in internal control were noted. If the internal control letter was not issued by the auditor, please indicate so in a cover letter to be included with the audited financial statement.
Z	Regulatory Asset Adequacy Issues Summary	This summary is required by 760 IAC 1-57-9(e) for all companies licensed as life and fraternal companies. The requirements of the filing are described in 760 IAC 1-57-9(h). Domestic Companies are required to submit hard copies. Foreign Companies please email to <a href="mailto:adenton@idoi.in.gov">adenton@idoi.in.gov</a> with NAIC#, and name of company on the subject line. In the body of the email please include a contact person, their email address and phone number. Please include summary as attachment to the email.
AA	Actuarial Opinion Summary	Required for domestic P&C companies that file a P&C blank.
BB	Holding Company Registration Statement (Form B)	Only one (1) copy needs to be filed – not 3.
CC	Insurer Profile Questionnaire	When providing an updated Insurer Profile response, please provide a red-line version showing changes from prior year. If 1 <sup>st</sup> time filing, the questionnaire can be accessed on the IDOI website. To obtain a copy of the previous year filing, please contact Pam Walters (P&C and Title) at <a href="mailto:pwalters@idoi.in.gov">pwalters@idoi.in.gov</a> or Amanda Denton (Life and Health) at <a href="mailto:adenton@idoi.in.gov">adenton@idoi.in.gov</a> .
DD	HMO & LSHMO	All foreign HMOs and LSHMOs must file like an Indiana Domestic HMO or LSHMO, as indicated on the health checklist, under the domestic column.
EE	Foreign Health Companies	All foreign companies filing on the Health blank, other than HMOs or LSHMOs, must file as indicated on the health checklist, under the foreign column.
FF	Domestic Health Companies	Domestic companies filing the Health blank, other than HMOs or LSHMOs, must make a premium tax filing.
GG	Foreign HMO & LSHMO	Foreign HMO's & LSHMO's are not required to file these specific items.

**LIFE, ACCIDENT AND HEALTH INSURERS**

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF:** INDIANA **Filings Made During the Year 2009**

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2"x14")	2	EO	Xxx	3/1	NAIC	A-Q,T
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	Xxx	3/1	NAIC	A-Q,T
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	Xxx	5/15, 8/15, 11/15	NAIC	A,B,E,G,O,P,T
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	EO	Xxx	3/1	NAIC	A-P,T
		<b>II. NAIC SUPPLEMENTS</b>						
	10	Accident & Health Policy Experience Exhibit	2	EO	Xxx	4/1	NAIC	A,B,E,L,O,Q,T
	11	Actuarial Certification Related Annuity Nonforfeiture Compliance		EO		3/1	Company	
	12	Actuarial Opinion on X-Factors		EO		3/1	Company	
	13	Actuarial Opinion on Separate Accounts Funding		EO		3/1	Company	
	14	Actuarial Opinion on Synthetic Guaranteed Investment Contracts		EO		3/1	Company	
	15	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	A,B,E,L,O,Q,T
	16	Interest Sensitive Life Insurance Products Report	2	EO	xxx	4/1	NAIC	A,B,E,L,O,Q,T
	17	Investment Risk Interrogatories	2	EO		4/1	NAIC	A,B,E,L,O,Q,T
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	A,B,E,L,O,Q,T
	19	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	A,B,E,L,O,Q,T
	20	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	A,B,E,L,O,Q,T
	21	Management Discussion & Analysis	2	EO		4/1	Company	A,B,E,Q,T
	22	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	A,B,E,L,O,Q,T
	23	Medicare Part D Coverage Supplement	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	24	Reasonableness of Assumptions Certification	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	25	Reasonableness & Consistency of Assumptions Cert.	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	26	Reasonableness of Assumptions Cert. for Implied Guaranteed Rate Method	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	27	Reasonableness & Consistency of Assumptions Cert. (Updated Average Market Value)	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	28	Reasonableness & Consistency of Assumptions Cert. (Updated Market Value)	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	29	Risk-Based Capital Report	1	EO	N/A	3/1	NAIC	A,B,E,G,L,O,Q
	30	RBC Certification required under C-3 Phase I	1	EO		3/1	Company	
	31	RBC Certification required under C-3 Phase II	1	EO		3/1	Company	
	32	Schedule SIS	2	N/A	N/A	3/1	NAIC	A,B,E,L,O,Q,T
	33	Statement of Actuarial Opinion	2	EO	Xxx	3/1	Company	A,B,E,G,J,Q,T
	34	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	EO	Xxx	3/1	Company	A,B,E,L,Q,T
	35	Statement on par/non-par policies - Exhibit 5 Int. 1.1	2	EO	Xxx	3/1	Company	A,B,E,L,Q,T
	36	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A,B,E,L,O,Q
	37	Supplemental Schedule O	2	EO	Xxx	3/1	NAIC	A,B,E,L,O,Q,T
	38	Trusted Surplus Statement	2	EO	Xxx	3/1, 5/15, 8/15, 11/15	NAIC	A,B,E,L,O,Q,T
	39	Workers' Compensation Carve Out Supplement	2	EO	Xxx	3/1	NAIC	A,B,E,L,O,Q,T
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	40	Annual Statement Electronic Filing	xxx	1	Xxx	3/1	NAIC	
	41	March .PDF Filing	xxx	1	Xxx	3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	43	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	44	Separate Accounts Electronic Filing	xxx	1	Xxx	3/1	NAIC	
	45	Separate Accounts .PDF Filing	xxx	1	Xxx	3/1	NAIC	
	46	Supplemental Electronic Filing	xxx	1	Xxx	4/1	NAIC	
	47	Supplemental .PDF Filing	xxx	1	Xxx	4/1	NAIC	
	48	Quarterly Statement Electronic Filing	xxx	1	Xxx	5/15, 8/15, 11/15	NAIC	
	49	Quarterly .PDF Filing	xxx	1	Xxx	5/15, 8/15, 11/15	NAIC	
	50	June .PDF Filing	xxx	1	Xxx	6/1	NAIC	
		<b>IV. AUDITED FINANCIAL STATEMENTS</b>						
	61	Accountants Letter of Qualifications	2	N/A	N/A	6/1	Company	B,E,X
	62	Audited Financial Statements	2	EO	Xxx	6/1	Company	B,E,F,J,Y
	63	Audited Financial Statements Exemption Affidavit	2	N/A	N/A	6/1	Company	B,E,F,J,R
	64	Independent CPA	2	N/A	N/A	See Note R	Company	B,r
	65	Notification of Adverse Financial Condition	2	N/A	N/A	See Note J	Company	B,J
	66	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	8/1	Company	B,E,Y
	67	Request for Exemption to File	1	N/A	N/A	12/31/08	Company	B,J,R
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Filings Checklist (with Column 1 completed)	2	0	Xxx	3/1	State	N,T
	102	Basket Clause	2	N/A	Xxx	3/1	State	B,E,L,N,P,QPT
	103	Certificate of Advertising	2	N/A	1	3/1	State	A,B,E,T
	104	Holding Company Registration (Form B& C)	1	N/A	Xxx	3/15	State	B,E,G,H,P,BB
	105	Insurer Profile Questionnaire	1	N/A	Xxx	4/1	State	M,CC
	106	Listing of Investments reported under IC 27-1-12-2(b), I.C. 27-1-12-2(b)(17B), & IC 27-1-12-2(b)(31)	2	xxx	Xxx	3/1	State	B,E,L,N,P,Q,T
	107	Premium Tax	1	0	1	3/1,4/15,6/15,9/15,12/15	State	D,F,M,N
	108	Regulatory Asset Adequacy Issues Summary (760-IAC 1-57-9(h))	1	0	1	3/15	Company	Z
	109	State Filing Fees	1	0	1	3/1	State	C,M,N
	110	State Page - Direct Business Written In Indiana	Xxx	Xxx	1	3/1	NAIC	B,E,LS,T
	111	Statement of Condition	N/A	N/A	2	3/1	State	A,B,E,U
	112	Supplement to the State of Indiana Health Exhibit	1	Xxx	1	3/1	ICHIA	LS

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.